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Interim Guidance for Evaluation of U.S. Patients Suspected of Having Ebola Virus Disease (EVD), 8/1/2014<sup>1</sup> Contact Public Health—Seattle & King County at 206-296-4774 to report and for EVD testing guidance on all patients with high risk or low risk exposure to EVD.

## Patient reports any of the following in past 21 days:

No

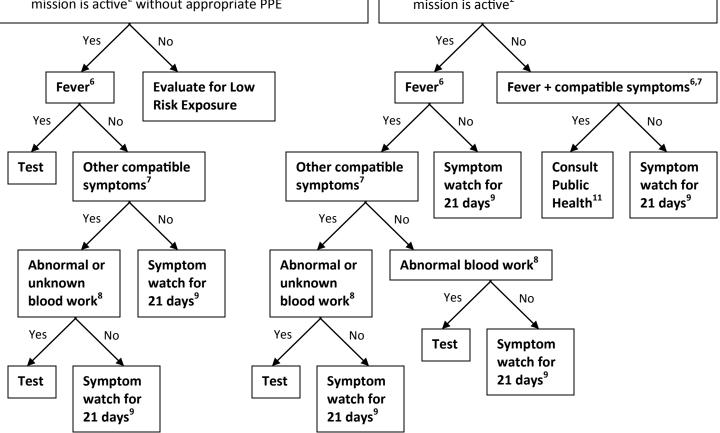
Contact with blood/body fluids of a patient with known or suspected EVD, or Residence in/travel to an area where EVD transmission is active<sup>2</sup>, or Direct handling of bats, rodents, or primates from disease-endemic areas<sup>3</sup>

## Yes<sup>4,5</sup> Stop **High Risk Exposure**

- Percutaneous (e.g. needle stick) or mucous membrane exposure to body fluids of EVD patient
- Direct care or exposure to body fluids of an EVD patient without use of appropriate personal protective equipment (PPE)
- Laboratory worker processing body fluids of confirmed EVD patients without use of appropriate PPE or standard biosafety precautions
- Participation in funeral rites which include direct exposure to human remains in an area where EVD transmission is active<sup>2</sup> without appropriate PPE

## **Low Risk Exposure**

- Household member or other casual contact<sup>10</sup> with an EVD patient
- Providing patient care to or casual contact<sup>10</sup> with EVD patients without high-risk exposure in health care facilities in an area where EVD transmission is active<sup>2</sup>



## Notes

- 1. Based on August 1, 2014 CDC Health Advisory: http://emergency.cdc.gov/han/han00364.asp. Check http://www.cdc.gov/vhf/ ebola/ for current information.
- 2. West African countries of Guinea, Liberia, Sierra Leone, and Lagos, Nigeria. See current information at: http://www.cdc.gov/vhf/ebola/index.html
- 3. CDC Yellow Book information on viral hemorrhagic fevers:

http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/viral-hemorrhagic-fevers

4. When evaluating patient, isolate and implement current infection control precautions:

http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html

- 5. Malaria and typhoid fever diagnostics should also be a part of initial testing because they are common causes of febrile illness in persons with a travel history to the affected countries.
- 6. Fever >38.6 °C or 101.5 °F.
- 7. Other compatible symptoms include: severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.
- 8. Abnormal blood work includes thrombocytopenia <150,000 cells/μL and/or elevated hepatic transaminases.
- 9. Consult with Public Health before discharge to arrange symptom monitoring.
- 10. Casual contact: a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time while not wearing recommended PPE; or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended PPE. At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute casual contact.
- 11. Consider testing if fever + other symptoms + abnormal or unknown blood work and no other diagnosis found.